

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/552125
FILING DATE
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		1			
4	1		1			
5	2		1			
6	2		1			
7	2		1			
8	1		1			
9			/			
10			/			
11			1			
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50						
TOTAL IND.			↓	2	↓	↓
TOTAL DEP.			←	9	←	←
TOTAL CLAIMS			[REDACTED]	1	[REDACTED]	[REDACTED]

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.			↓		↓	↓
TOTAL DEP.			←		←	←
TOTAL CLAIMS			[REDACTED]		[REDACTED]	[REDACTED]